

LICENSED CONTRACTOR ELECTRICAL PERMIT

Department of Community and Economic Development 100 N. Jefferson Street, Rm 608 Green Bay, WI 54301-5026 (920) 448-3300 - phone (920) 448-3426 - fax inspmail@greenbaywi.gov

Project Address:				This section for City use only Project #:	
Electrical Contractor's Email:				Parcel #:	
Electrical Contractor's Phone #: Cell #:				Receipt #:	
Value of work:				Date:	
OCCUPANCY (c	heck appropriate	box):			
Single-Family	Commercial	Educational	Multi-Family	Number of Units	
Two-Family	Manufacturing	Other	·		
NATURE OF WO	ORK (check all tha	at apply):			
☐ Alteration ☐ Remodeling	Repairs Sign	☐ Addition Detached Garage	Hot tub/spa Other		
JOB DESCRIPTION	ON:				
		20) 448-3300 between 8 nal inspections are requ		o.m. at least one business day	
•		hereby certify that the aborderical codes and utility serv	•	pletion will be in compliance with	
"E	ENERGIZING THE D	DESCRIBED WIRING WILI	. IN NO WAY CREAT	ΓΕ A HAZARD"	
State of WI Electrica	al Contractor Certi	fication #(REQUIRED)	_ and WI Master Cer	tification #	
		(REQUIRED)		(REQUIRED)	
Signature (Master Electrician Responsible For Work)				Date	
INSPECTOR STA	ATEMENT: I hereb	by certify the work complete	ed as of date signed co	mplies with applicable codes.	
Inspector Signature				Date	
Check box for C The information be required to make pa	elow must be prov	vided for notification of p	project number and p	permit fee. This information is	

Fax _____

Email _____